

## State of California **Secretary of State**

STATEMENT OF INFORMATION

(Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions. IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME

Artful Antics LLC

**FILED** Secretary of State State of California

AUG 1 9 2013

		This Space Fo	r Filing Use Only
File Number and State or Place of Organization		<del>-</del>	
2. SECRETARY OF STATE FILE NUMBER 201321910180	STATE OR PLACE OF ORGANIZATION (If formed outside of California)     California		
No Change Statement			
4. If there have been any changes to the information contained in t State, or no statement of information has been previously filed,			ornia Secretary of
If there has been no change in any of the information contain State, check the box and proceed to Item 15.	ed in the last Statement of Inform	nation filed with the C	California Secretary of
Complete Addresses for the Following (Do not abbreviate the name	of the city. Items 5 and 7 cannot be	P.O. Boxes.)	
5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
652 S. Myers St.	Los Angeles	CA	90023
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE
7. STREET ADDRESS OF CALIFORNIA OFFICE	CITY	STATE	ZIP CODE
652 S. Myers St.	Los Angeles	CA	90023
Name and Complete Address of the Chief Executive Officer, If A	ny		
8. NAME ADDRESS	CITY	STATE	ZIP CODE
			7
Name and Complete Address of Any Manager or Managers, o Address of Each Member (Attach additional pages, if necessary.)	r if None Have Been Appointe	ed or Elected, Pro	vide the Name and
	CITY	ed or Elected, Pro	vide the Name and
Address of Each Member (Attach additional pages, if necessary.)			
Address of Each Member (Attach additional pages, if necessary.)  9. NAME ADDRESS	CITY	STATE	ZIP CODE
Address of Each Member (Attach additional pages, if necessary.)  9. NAME ADDRESS Kelly Lind 652 S. Myers St.	сітү Los Angeles	STATE CA	ZIP CODE 90023
Address of Each Member (Attach additional pages, if necessary.)  9. NAME Kelly Lind 652 S. Myers St.  10. NAME ADDRESS ADDRESS	CITY Los Angeles CITY CITY  st reside in California and Item 13 m	STATE CA STATE STATE	ZIP CODE 90023 ZIP CODE ZIP CODE
Address of Each Member (Attach additional pages, if necessary.)  9. NAME Kelly Lind 652 S. Myers St.  10. NAME ADDRESS  ADDRESS  ADDRESS  ADDRESS  Agent for Service of Process If the agent is an individual, the agent mu. P.O. Box is not acceptable. If the agent is a corporation, the agent must ha	CITY Los Angeles CITY CITY  st reside in California and Item 13 m	STATE CA STATE STATE	ZIP CODE 90023 ZIP CODE ZIP CODE
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